

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-046149

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

552

FILED DEC 26 1962

1. PLACE OF DEATH

a. COUNTY CAPE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CAPE GIRARDEAU

Length of stay in lb
11 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION CAPE OSTEOPATHIC HOSP.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY SCOTT

c. CITY OR TOWN CHAFFEE Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 116 W. PARKER AVE. Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First LYDIA Middle MAE Last COVINGTON

4. DATE OF DEATH DEC. 13, 1962

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12-27-1906

9. AGE (last birthday) 55

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
PRESSER - PANTS FACTORY

10b. KIND OF BUSINESS OR INDUSTRY CHAFFEE MFG. CO.

11. BIRTHPLACE (City and state or country) ST. GENEVIEVE Co. Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

JOHN A. CARROLL

13b. MOTHER'S MAIDEN NAME

EMMA HOUSE

14. NAME OF HUSBAND OR WIFE

ELMER A. COVINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
ELMER A. COVINGTON - CHAFFEE, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Surgical Shock

INTERVAL BETWEEN ONSET AND DEATH

8 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Toxemia, severe

3 days

diverticulosis

DUE TO (c) Bowel obstruction due to diverticulitis &

10 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hyposthenia, chronic

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from October 18, 1954 to December 13, 1962 last saw her alive on 12-13-62

Death occurred at 6:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

H. H. Schenck DO

22b. ADDRESS

243 W. Yoakum, Chaffee, Missouri

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

DEC. 16, 1962

23c. NAME OF CEMETERY OR CREMATORY

FORREST HILLS MEM. CEM.

23d. LOCATION (City, town, or county) (State)

MORLEY, Missouri

24. FUNERAL DIRECTOR

Bispinghoff FUNERAL HOME - CHAFFEE, Mo.

25. DATE RECD. BY LOCAL REG.

12-17-62

26. REGISTRAR'S SIGNATURE

James Kasten

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10168

21001

3

4 1

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8 2

95721

10

11

12/-2

13 1-0

JAN 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack T. Burnett

Licensed Embalmer No.

4473

P. O. Address

Chaffee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.